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Original Research Article

Painless labour: attitude and awareness amongst pregnant women

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ABSTRACT

Background: Labour pain has been described as most severe pain experienced by a female. Labour analgesia is widely practiced in developed countries. Many labour analgesic methods have been introduced to make delivery a pleasurable moment in a women's life.

Methods: This prospective study was performed at the Department of Obstetrics and Gynaecology, Indira Gandhi Institute of Medical Sciences, Patna, India after getting permission from institute ethical committee. 100 pregnant females attending the antenatal clinic were interviewed in their mother language. Information was collected on a questionnaire after an informed consent. The aim of the study was to assess the knowledge, desire and acceptability of pregnant women regarding painless labour.

Results: The mean age of the women in the study was 24.98 years. 56% of women in the study were primigravida whereas 44% were multigravida. 66% women belonged to urban area while 34% were from rural area. 10% were illiterate, 35% were educated upto secondary education and 55% were having higher education. Only 24% of the women were having knowledge about painless labour however 87% female were having positive attitude towards epidural analgesia. The correlation between the educational status and knowledge about painless labour was not statistically significant ($p=0.949$). The knowledge and attitude of women regarding painless labour was statistically significant with p value of 0.00001.

Conclusions: There is lack of knowledge about labour analgesia among women. Obstetrician and anaesthetist should educate women regarding painless labour. Labour analgesia is standard of care in obstetrics and should be provided to all parturient.

Keywords: Analgesia, Attitude, Knowledge, Labour

INTRODUCTION

Labour pain has been described as most severe pain experienced by a female. Labor pain is due to stimulus arising from intense uterine contractions and cervical dilatation and is transmitted through sympathetic afferent nerves entering the spinal cord at T10-S1 level. Stretching of perineum also transmits painful stimuli through pudendal and sacral nerves (S2-S4) causing more pain during the second stage of labor.¹ Pain relief is a

human right. The American College of Obstetricians and Gynecologists also states that 'labour results in severe pain for many women. There is no other circumstance where it is considered acceptable for a person to experience untreated severe pain, amenable to safe intervention, while under a physician's care.'² Labour analgesia is widely practiced in developed countries.³ However, in resource-strained population like ours, where proper antenatal care is a distant dream for many pregnant women, idea of painless delivery seems to be a

mirage. In developed countries where issues are focused on the choice of methods and its complications, in developing countries the issue revolves around awareness and acceptability of painless labour.⁴ As more pregnant women become aware of the possibility of painless labor, their expectations for the use of pain relief agents during labor and delivery is bound to increase.⁵

Many labour analgesic methods have been introduced to make delivery a pleasurable moment in a women's life.⁶ In 1847 Simpson found that chloroform could help relieve the pain women felt during labour.⁷ Hypnosis, entonox inhalation, water birth, intravenous opioids and epidural analgesia are the various methods used. Epidural labor analgesia was first introduced in 1949. It has become a milestone in obstetric analgesia because of its effective pain relief. With the availability of safer and more effective newer drugs and techniques, the earlier associated complications like, prolonged labor and fetal respiratory distress had decreased significantly.⁸ In our effort to cater to the needs of pregnant women, we can assess their knowledge regarding the painless delivery, their apprehensions and support them to achieve safe and pleasant motherhood.

METHODS

This prospective cross-sectional study was performed at the Department of Obstetrics and Gynaecology, Indira Gandhi Institute of Medical Sciences, Patna, India after getting permission from institute ethical committee. 100 pregnant females attending the antenatal clinic were interviewed in their mother language. Information was collected on a questionnaire after an informed consent. Information was. The questionnaire consisted of two sections. The first section contains demographics information (age, education level, parity, occupation and residence). The second section consisted of questions to assess the knowledge and options of labour analgesia and their acceptability of those methods.

Inclusion criteria

- All antenatal patients who gave consent.

Exclusion criteria

- Woman planned for elective caesarean
- Those who do not gave consent.

The aim of the study was to assess the knowledge, desire and acceptability of pregnant women regarding painless labour.

RESULTS

Most of the women (44%) in the study were between 21-25 years of age. The mean age of the women in the study was 24.98 years. 66% of women were from urban area whereas 34% were from rural population. 10 women in

the study were illiterate, 35 were having secondary education and 55 were having higher education. Most of the women (56%) were primigravida and 44% were multigravida. Table 1 depicts demographic and obstetrics profile of women in the study.

Table 1: Demographic and obstetric profile of women in the study.

Frequency (N=100)	
Age group (years)	
≤20	13
21-25	44
26-30	35
31-35	6
≥35	2
Educational status	
Illiterate	10
Up to secondary education	35
Higher education	55
Locality	
Urban	66
Rural	34
Gravida	
Primigravida	56
Multigravida	44

Table 2 shows distribution of pregnant women according to their knowledge and awareness about pain relief in labor. 76% of women had no knowledge about painless delivery.

Table 2: Awareness of pregnant women about painless labour according to their demographic and obstetric profile.

	Frequency (N=100)	
	Awareness present	Awareness absent
Age group (years)	p=0.94	
≤20	3	10
21-25	9	35
26-30	10	25
31-35	1	5
≥35	1	1
Educational status	p=0.94	
Illiterate	2	8
Up to secondary education	7	28
Higher education	15	40
Locality	p=0.29	
Urban	19	47
Rural	5	29
Gravida	p=0.48	
Primigravida	16	40
Multigravida	8	36

Awareness regarding painless labour was maximum among women between 26-30 years of age. However, there was no statistically significant correlation between

knowledge of labour analgesia and age ($p=0.94$). 15 women with higher education, 7 having secondary education and only 2 illiterate women had knowledge about painless labour.

Table 3: Attitude of pregnant women about painless labour according to their demographic and obstetric profile.

	Frequency (N=100)	
	Positive attitude	Negative attitude
Age group (years)	p=0.60	
≤20	11	2
21-25	38	6
26-30	33	2
31-35	4	2
≥ 35	1	1
Educational status	p=0.32	
Illiterate	7	3
Up to secondary education	29	6
Higher education	51	4
Locality	p=0.93	
Urban	58	8
Rural	29	5
Gravida	p=0.14	
Primigravida	52	4
Multigravida	35	9

In the study 87 women showed positive attitude towards painless labour whereas 13 had negative attitude towards labour analgesia. Table 3 shows distribution of patients on their attitude towards labour analgesia.

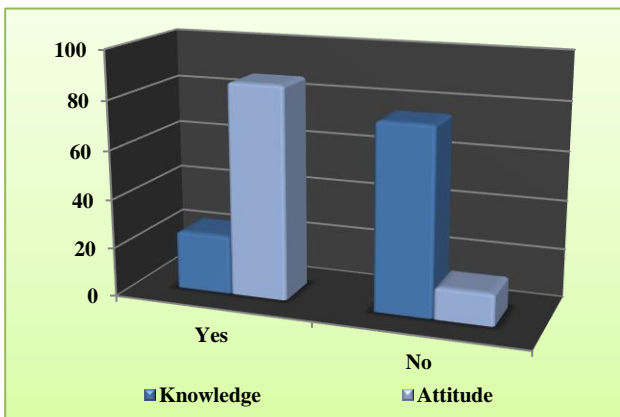


Figure 1: Correlation between knowledge and attitude of pregnant women towards painless labour.

There was statistically significant correlation between knowledge and attitude of pregnant women towards painless labour ($p=0.001$) (Figure 1).

DISCUSSION

Labour pain is the most excruciating pain bared by a female. Now efficient and safe methods to relieve pain

during labour are available. In the present study knowledge and attitude regarding labour analgesia among pregnant women was assessed.

Most of the women (56%) in the present study were primigravida and 44% were multigravida which was similar to the study done by Thakur M et al in which 55% of the patients were primigravida.⁹ Majority (57%) women were upto 25 years of age which is same as the study of Mohamed HF et al in which 44.2% were between 18-24 years of age.¹⁰ In the current study most of the women (76%) had no awareness about painless labour which was similar to the study of Shrikrishna DG et al in which 98.8% had no knowledge about painless labour.¹¹ Hug I et al also showed that only 38.9% patients knew about labour analgesia.¹² In the current study majority (66%) belonged to urban area , which was same as the study of Nebukenya et al in which 90.1% were from urban region.¹³

After explaining about labour analgesia 87% agreed for the same in their delivery. The result of the study was similar to the study of Shrikrishna DG et al, Shidhaye RV et al (69%).^{11,14} In the study of Nebukenya et al also 87.8% had positive attitude towards labour analgesia.¹³ The study showed that awareness about labour analgesia and acceptance during delivery had no co-relation with age of parturient, her educational status or gravidity which was similar to the study done by Shrikrishna DG et al.¹¹

CONCLUSION

From this study, it is very clear that there is a wide gap between knowledge and desire for labour analgesia. Obstetricians and anaesthesia providers have a great role to play in educating the mothers, on the various methods of labour analgesia before the service can be set up. Labour analgesia is a standard of care in obstetrics and so should be provided in the national referral hospitals. In conclusion, very few pregnant mothers know about labour analgesia, but majority would love it.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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